418 Home visits: what is their purpose?

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Introduction: CF Nurse Specialists play an important extended role in the CF MDT, and as part of this, visiting patients at home allows them to be fully and appropriately assessed in their natural setting, enabling iller patients to maintain independence and reduce hospital admissions. It also frees up congested clinics and aids segregation, thereby reducing the cross infection risk. However, such home visits require resource and may now need to be justified in the cash limited health care system provided by the NHS. We therefore audited the value of home visits carried out by CF Nurse Specialists in our large adult unit (220 patients).
Method: We looked at all home visits carried out by the team of 4 CF Nurse Specialists at our regional adult unit over a 1 year period (2006). The purpose of the visit and the time taken were recorded.
Results: There were 162 visits: 74 (46%) were for clinical interventions (e.g. obtaining blood samples and accessing/flushing Portacath systems), 85 (52%) were for psychological support (including palliative care at home and bereavement follow up), 1 (1%) was for education and 2 (1%) to attend patient funerals. The total time spent away from the hospital was $310\frac{1}{4}$ hours, equivalent to 41 $7\frac{1}{2}$ hour working days. Nearly half of this ($133\frac{1}{2}$ hours, 43%) was traveling time.
Conclusion: Many of the tasks carried out at home visits would otherwise have required a trip to hospital with the ensuing disruption for patients who may be unwell. Furthermore, assessing the patient in the community enables the CF nurses to enhance their role in providing holistic CF care. Although each year these visits equate to over 7 weeks work for a full time CF nurse in our unit, we believe they are an effective and necessary use of the CF healthcare resource and we encourage other units to utilize them.

419 Getting children to wash their hands. What will work?

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Regular hand washing can reduce respiratory infection as well as reducing gastrointestinal and hospital acquired infections. At present, whilst there is a drive in UK hospitals to ensure that staff wash their hands properly and frequently, there is little evidence that patients, and particularly children, are encouraged or provided with facilities to do the same. CF is a condition that is characterised by frequent chest infections that often require hospitalisation for IV antibiotics. Children with an exacerbation of their chest disease will cough frequently, particularly after physiotherapy sessions. Many of them isolate organisms such as *Pseudomonas aeruginosa* (PA) and there is evidence that this can spread through cross infection in CF clinics.
Hand washing following coughing and prior to carrying out pulmonary function tests on shared equipment may reduce the cross infection risk and enhance infection control strategies which are already in place.
The initiative discussed in this paper proposes the introduction of a hand washing educational and facilitation programme for children with CF, between the ages of five and eleven years who are admitted to hospital for intravenous antibiotics. The available research was reviewed to identify a strategy that recognises differing developmental stages. Consideration is given to the different health promotion models and their particular relevance and implementation is discussed with reference to Ewles and Simnett's seven stage planning and evaluation process.

420 Home visits by the coordinating nurse at an adult CF centre

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Our adult CF centre takes care of 320 CF patients. 64% are treated by IV antibiotic (AB) courses (mean: 2.8 a year) and 43% have a totally implantable vascular access device (TIVAD). These AB courses are organised at the CF centre by the coordinating CF nurses, but most of them take place in the patients' homes. In 2007, 441 courses were fully carried out at home, whereas 81 courses were started in the hospital and continued at home.
Our CF coordinating nurses do not perform home care, but are regularly in phone contact with the private nurses who take care of the patients at home during their IV AB courses. Nevertheless, in some specific circumstances, they may go to the patient's home and meet their private nurse team.
From 2002 to 2007, 62 home visits took place: 53 in order to meet a new private nurse team, 7 because of specific problems (TIVAD, hygiene or allergy to antibiotics) and 2 specifically to improve care coordination (oxygen treatment, non invasive ventilation, diabetes care and enteral nutrition). Each home visit provided an opportunity to give information about the disease; the use of new medical devices (such as infusers and TIVAD); hygiene procedures; the structure of the CF centre and emergency procedures. Moreover, 30% of the patients and/or their partners requested a personal training programme to learn to perform home care by themselves. Each visit lasted 2–4 hours.
In conclusion, these home visits allowed the CF service to improve links between home care and the hospital CF centre. As a consequence, we observed improved levels of compliance and quality of life, and greater trust between patients and health care providers. We also found that improved knowledge about the disease led to greater patient autonomy.

421 Evaluation of a home care service for adults with cystic fibrosis (CF) attending the West Midlands Regional CF Centre

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Background: A homecare service is provided by the CF clinical nurse specialist. Due to increasing numbers of patients attending the centre the need for homecare has expanded. The service has developed to provide care, support, education and advice to patients and their carers in the community.
Aim: To evaluate the service provided.
Methods: Patients were asked to complete a satisfaction questionnaire. Patients were asked to record the purpose of the home visit, whether or not the visit was of benefit to them and the reason for their responses.
Results: Over a 2 month period 62 patients completed a questionnaire. 32 patients received 38 home visits. 30 patients did not receive a home visit. The reasons for home visits included:
– Aminoglycoside serum levels (15)
– Clinical assessment of home intravenous treatment (11)
– Port flush (9)
– Follow up post surgery (1)
– To discuss referral for transplantation (1)
– Psychological support (1)
All of the patients that received a home visit reported it to be of benefit. The reasons included:
– Convenience of not having to travel to hospital (19)
– Convenience of assessing clinical condition at home (6)
– Not needing to take time off from work/university (5)
– Receiving support or education in own home environment (4)
– Financial saving e.g. parking and petrol costs (2)
The patients who had not received a home visit reported that they would like to receive one in the future.
Conclusion: The homecare service has been well received. The study indicates a relationship between homecare and improved quality of life (QOL). Further studies in the provision of homecare and improved QOL are needed.